



NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS, OR TO DEMOLISH

This form will be considered incomplete until all information is supplied below. If any changes are made after the notification is logged with the Agency, an amendment must be filed before work begins or continues. See other side for assistance in completing this form.

OFFICE USE: PROJECT # _____ Fee Rec'd \$ Bill Date Rec'd 9/21/10

I. OPERATION CATEGORY	ADVANCED	FEE
	NOTIFICATION PERIOD REQUIRED	
<input checked="" type="checkbox"/> All Demolition Projects	10 working days	\$25
<input type="checkbox"/> Residential Asbestos Project	10 working days	\$25
<input type="checkbox"/> Asbestos Project: 10 to 259 lf or 48 to 159 sf	10 working days	\$150
<input type="checkbox"/> Asbestos Project: 260 to 999 lf or 160 to 4,999 sf	10 working days	\$300
<input type="checkbox"/> Asbestos Project: 1,000 to 9,999 lf or 5,000 to 49,999 sf	10 working days	\$600
<input type="checkbox"/> Asbestos Project: more than 10,000 lf or more than 50,000 sf	10 working days	\$1800
<input type="checkbox"/> Amendments for Project # _____	Prior Notification	Res. \$30 / Others \$60
<input type="checkbox"/> Annual Notification	10 working days	\$1800
<input type="checkbox"/> All Emergencies	Prior Notification	Res. \$60 / Others 2x Fee
<input type="checkbox"/> All Alternate Methods	10 working days	2x Fee

II. CONTRACTOR

Contractor's Name: FOWLER General Construction Certification # N/A

Address: 2161 Henderson Loop Richland WA 99352
Street City State Zip

Contact: John Payne Title: Owner Phone: 375-3331

III. JOB SITE

Property Owner: U.S. Dept of Energy, Richland WA Phone: (509) 376-2347

Address: 825 Jadwin Richland WA 99352
Street City State Zip

Name of Job Site: 222-S Facility

Address: 200 West Area, Hanford site Richland WA 99354
Street City State Zip

Building/Room Where Job Will Occur: 222-S Facility

Site Contact: Mike J. Gossman Title: Project Mgr. Phone: (509) 373-0959

IV. Asbestos "good faith survey" has been conducted? ☒ YES ☐ NO. By whom? Unknown

Type(s) of asbestos present, if any (Friable, Category I, Category II): Category II

V. Start Date of Removal: 10-01-2010 Date of Completion: 8-1-2011

Approximate Amount of Asbestos to be removed N/A Linear Feet N/A Square Feet

Method of Removal and Work Plan Specifications: (Attach description if more room is needed)
Removal of Mobile Office trailers MO-028 and MO-39, Category II material (VAT) to remain intact (not disturbed) and shipped to disposal facility.

VI. Name of Disposal Site: ERDF Phone: (509) 373-1294

[Signature] 9-21-2010
Your Signature Date

Approval: BCAA [Signature] Date: 21 Sept 10

REMIT FEE & FORM TO: BCAA, 526 S. Clodfelter Road, Kennewick, WA 99336

ADDENDUM TO BCAA
"NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS"

1. TYPE OF NOTIFICATION (O = Original / R = Revised): (D - Demolition / R = Renovation):

FOR EMERGENCY RENOVATIONS FILL OUT THE REST OF THIS SECTION, OTHERWISE GO TO 2.

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

2. FACILITY INFORMATION

Operator: WRPS

Street Address: 200 West area, Hanford WA

Richland, Washington 99352 Contact: John C. tilley

Tel: 373-9200

BUILDING SIZE

Sq. Meter:

Sq. Ft.: 5,380

No. of Floors: 1

Age in Years: 22

Present Use: N/A

Prior Use: Office space

3. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Building Inspection performed as site wide program.

**4. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II .
NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Work will be stopped, and notifications will be made.

5. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)

Start:

Completion:

6. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of Mobile Office trailers MO-028 and MO-39, Category II material (VAT) to remain intact (not disturbed) and shipped to disposal facility.

7. WASTE TRANSPORTER (Attach another sheet if there are two transporters)

Name: Washington Closure Hanford

Address: 600 Area Hanford

City: Richland

State: WA

Zip: 99352

Contact Person: Rodney C. Robinson

Telephone: 373-1294

8. LOCATION OF WASTE DISPOSAL SITE

Address: ERDF, 600 Area

City: Richland

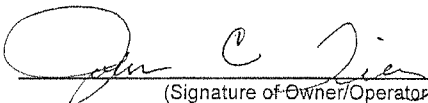
State: WA

Zip: 99352

**9. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT
WILL NOT BE REMOVED. SPECIFY THE AMOUNT BELOW.**

	RACM to be Removed	Nonfriable Asbestos Material Not to be Removed Before Demolition	
		Cat I	Cat II
Pipes - Linear Meters (Linear Feet)	See V. of BCAA Form		
Surface Area - Square Meters (Square Feet)	See V. of BCAA Form		5,380
Volume RACM Off Facility Component - Cubic Meter			

10. I certify that an individual trained in the provisions of (40 CFR 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.


(Signature of Owner/Operator)

9-21-2010
(Date)